



GVSU 5V5 WINTER WONDERLAX



INDOOR LACROSSE TOURNAMENT

IMPORTANT INFORMATION

When: Sunday, February 26th, 2012
Check-In Begins at 7:30 am
Tournament begins at 8:30 am

Where: GVSU Kelly Family Sports Center (1 Campus Dr.)
Athletes will compete in our state of the art indoor turf facility.

Teams: A team must consist of at least 5 field players and one goalkeeper. A maximum of 10 total players will be allowed on each roster. Coaches are welcome but not required. PLEASE SEND ALL REGISTRATION FORMS IN ONE MAILER (separate checks are fine).

Two divisions: Middle (grades 6-8) & High School (grades 9-12).

Individuals: You may register as an individual. We will place you on a house team.

Games: Play will be 1/3 of the field (width wise), twelve minutes in length. Three minutes between games. The number of teams guaranteed is dependent on the number of teams participating; our goal is to have each team play at least 5 games).

Fee/Deadline: The cost is \$40 per player and is due by 2/13/12. No refunds issued. Checks may be made payable to "GVSU Women's Lacrosse" and can be mailed along with completed registration form to the attention of Head Women's Lacrosse Coach Alicia Groveston at:
1 Campus Dr.
184A Fieldhouse
Allendale, MI 49401

ADDITIONAL DETAILS:

*** We will email you confirmation when we receive your payment and registration form. Included will be more information on the tournament, location and schedule.*

We must be in receipt of complete roster's payments and registration forms by Monday, February 13, 2012. Space is limited! Register ASAP!!!!

***All games will be played in accordance to NCAA and US Lacrosse rules. Middle school will play modified checking (below the shoulder) and will **not** have a 3 pass rule.*

College coaches will be in attendance. To be included on the roster given out, the athlete's information must be complete!

Questions????

*Please contact Head Coach Alicia Groveston
616-331-2545 or grovesta@gvsu.edu*

Please return this completed portion with your \$40 payment prior to February 13, 2012. If coming as a team, please give your registration form to the group organizer/coach so they can submit the forms in one group.

GVSU 5v5 Registration Form

Name: _____ Email: _____

Address: _____ Phone: _____

Grade: _____ Position: _____

School: _____ Yrs. Experience _____ Age: _____

5v5 Tournament Team Name: _____

Waiver of Liability:

As the parent/guardian of the camper listed above I hereby agree to the following as a condition of _____'s participation in the Grand Valley State University (GVSU) 5v5 WinterWonderLax. I give my permission to GVSU, St. Mary's Hospital, Spectrum Health Care System, North Ottawa Community Hospital, Metropolitan Health Care System or other health care providers to provide, seek, obtain, or approve any routine, necessary, or emergency health care during the athlete's involvement in the GVSU 5v5 lacrosse tournament. I understand that this authorization is given in advance of any specific diagnosis, or treatment or medical care being required and is to serve as specific consent to any and all such diagnosis, treatment or hospital care which may be deemed advisable. I understand my rights under the Health Insurance Portability and Accountability Act (HIPAA) and authorize GVSU to release information as necessary for managing tournament healthcare. I attest that a physician has examined the camper in the past twelve months and he/she was found to be in good health. I attest that currently there is no medical reason for the camper not to participate in the strenuous physical activities of the lacrosse 5v5 tournament. I acknowledge that participation in tournaments and related activities involves assumed and inherent risk of personal injury. I assume such risk on behalf of the participant and give my permission to the athlete to participate in all tournament activities. I release and agree to hold harmless GVSU, its Board of Trustees, students and employees from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any sports tournament event except where the injury or damage is caused by the gross negligence of the university's employees. I understand that the tournament participant will be subject to the rules and regulations of the GVSU WinterWonderLax. I understand that any person who repeatedly disobeys tournament policies or procedures will be immediately expelled from the tournament. My daughters image may be used by GVSU to advertise future events in either print media or online. GVSU is not responsible for lost or stolen property.

Athlete: _____ Date: _____

Parent/Guardian Signature: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact Name: _____ Emergency Contact Number: _____



GVSU 5V5 WINTER WONDERLAX TOURNAMENT TEAM ROSTER



*****FILLED OUT BY TEAM COACH/ORGANIZER*****

Please submit this form with all of the player's individual registration forms. This will allow us to insure accuracy of team lists. If you are sending more than one team – please make copies of this form and identify the team name. Individual checks from the players are fine; please put which team they play for in the subject line. We appreciate you placing all registrations in one mailing.

TEAM NAME: _____

COACH/ORGANIZER: _____ **EMAIL:** _____

TEAMS: Teams must consist of at least 5 field players and one goalkeeper. A maximum of 10 total players will be allowed on each roster. Feel free to dress in costume (we will be)!!!!!!

REGISTRATION FEE/DEADLINE: The cost is \$40 per player and is due by 2/13/12. Checks are made payable to "GVSU Women's Lacrosse" and can be mailed along with completed registration form to the following address...

GVSU Womens Lacrosse
Alicia Groveston
1 Campus Dr.
184 A Fieldhouse
Allendale MI 49401

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



QUESTIONS???? PLEASE CONTACT HEAD COACH ,



ALICIA GROVESTON AT 616-947-2090 OR AT GROVESTA@GVSU.EDU.